274108		FOR 10-1-85	B: W.R.	DEPARTA	MENT OF I	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	REG. N	_	6	3 2
o m =		CEASED NAME FIRST	aret	WIODEE		Cain	20. DATE OF DEATH	9-11-8		2:35 p
ge 4 moy b ector. page	3 SE	x female	4 RACE Cauca	sian	S. DATE (6 AGE (IN YEARS LAST B		ONIHS DAYS	IF UNDER 24 HRS HOURS MIN.
deoth. Po	N	RTHPLACE ISTATE OR FOREIGN COUNTRY) [Arvland	1).	S.A.	MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY	Anns.	S COU	INTY MO.
by the filed with		entreville	Meridi	an Nursing	g Cen	or OTHER / SOT Sica ter- Hills	170 USUAL OCCUPAT			BUSINESS OR
1136	130 P	laryland Q	YTMUO	134 CITY OR TOW	N	134 INSIDE CITY LIMITS? YES NO		ZIP CODE 130A	21234	67
(4)/2		ATHER'S NAME FIRST Adam	WIDDLE	Schram		15 MOTHER'S MAIDEN NA	WIDOLE		Peter	
be ex	160	VAS DECEASED EVER IN U.S VES NO OR UNKNOWN) (16 YE	. ARMED FORCES' 5, GIVE WAR OR DATES)			17 INFORMANT	24 RECO	RDS		
g physici conpoper removal.	VB	18 CAUSE OF DEATH LERIE PART I. DEATH WAS CA IMME	er only one couse p USED BY: DIATE CAUSE (o)_	Ar Arne	250	Perotic Co	arcleo MS	Celar	BETWEEN O	NATE INTERVAL NSET AND DEATH
the death of the ottendin remove cordiner emotion, or er troumotic		Conditions, if any, which gave rise to immediate cause (a), stating the	b).	OR AS A CONSEQUE		D	181281		Ser	pars
us, zul w quires that signed by hen pleose to burial, a	NO	PART 2 OTHER SIGNIFICA	NT CONDITIONS	CONTRIBUTING TO D	-	NOT RELATED TO THE TERM	AINAL DISEASE OR COM	IDITION GIVE	N IN PART Iro	
The low required has been significant. The significant The significant and shows any injury of the shows and the	CERTIFICATION	190. DATE OF OPERATION		IDITION FOR WHICH		N WAS PERFORMED	200 AUTOPSY?	206 IF YES, THE CERTIFY!	WERE FINDING NG CAUSES O	GS USED OF DEATH? NO
NG PHYSICIAN. The offending physician (free this certificate has sthe buridi-transity than and Mental Hygies orkedor item 18 shoot steel or item 18 sho	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O	F DEATH HOUR	OF INJURY A.M. MONTH DA P.M.	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PAR	T I OR PART 2)	
os the but the orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE FA		211 LOCATION STREET	City OR TO		COUNTY	STATE
R ATTENDI hospital or RECTOR A red for use tot of Heol		220.1 certify that (1) (this h sow the deceased alive above, (1) (we) (did) (di	on8/	7 19		nd that in (my) (our) opinion		ate and hour o		hat (I) (we) last ouses stated
AL OI the Oil detach ore De		27b. SIGNATURE	un	un 6	Ken	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [9/1-	IGNED 7/85
TO HOSPITAL retained by th TO FUNERAL with the Stole MARORTANT:		C.G. 5	Aure	AUN		MEDICAL L	310G; G	PESTE	noon	va, Rec
BP	B	SURIAL CREMATION, REMO SPECIFY) URIAL UNERAL DIRECTOR	7-14	-1985 PA	ARKU	EMETERY OR CREMATORY	PARKVIL	12 B	ECOUNTY C	JARYLAN
DHMH - 16 60M 7/84 (VRA 15, 4)	5	VAOS CHAP	SLOFM	2 MORIES	HAR	S MOGN CI	EP 27 1985	255 REALISTON	maget N	ma form.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

CERTIFICATION

190 DATE OF OPERATION

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND

FOR STATE REGISTRAR			DEPARTA		HEALTH AND	MENTAL HYG DEATH	REG. NO.	2 6	0	5 5	
1 DECEASED NAME	FIRST	•	MIDDLE		LAST		20. DATE OF DEATH MOS	TH DAY	YEAR	26 HOUR	
(TIPE OKPRINT)	Kathr	yn E	mory	D	AVIS		Aug.	31	985	805 A	
3. SEX		4 RACE		5 DATE O			6 AGE (IN YEARS LAST BERTHDA		UNDER I YEAR	IF UNDER 24 HRS	
Female		Whi	te	Janu		1901	84	YRS	NIHS DAYS	HOURS MIN.	
			WHAT COUNTRY?				9 BALTIMORE CITY OR COUNTY OF DEATH				
Marylan	d	US	5A	WIDOWI	_	VORCED	Queen Ann	e's		M	
10 CITY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INS		120 USUAL OCCUPATION	ORKING LIFE)		F BUSINESS OF	
Centrevil	le	Nursing	Center/	Cors:	ica Hil		Wife			ome	
USUAL RESIDENCE (IF N	136 COUL		GIVE RESIDENCE BEFORE		113d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS / ZI	P CODE			
Maryland	Queen	Anne's	Centrevi	lle	YES 🗌	NO TO	P.O.Box		216	17	
14 FATHER'S NAME		WIDDIE	LAST		15 MOTHER	S MAIDEN NA			LAS		
Thomas		uth	Emory		I A	nna	Elizabet	h	Warf		
160 WAS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMA	Nepl	new ADDRESS	P.O.E	30x 28	0	
No	(1,4 163, 01	TE TENE ON DATES	213-40-1	191	John W	Emor	y, Centrevill				
18 CAUSE OF DE	ATH (Enter or	nly one cause per	line for (a), (b), and	dic	0	15			APPROXI	MATE INTERVAL	

PART I. DEATH WAS CAUSED	y one cause per line for (o), (b), and (c) QSCVD	BETWEEN ONSET AND DEATH
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE of he unaboid Arthritis DUE TO, OR AS A CONSEQUENCE OF	5yrs+

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19	716 HOW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM II	8 PART I OR PART 2}	
21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
220 I certify that (I) (this haspital) saw the deceased alive an above. (I) (mailed) (did not) v	auf. 29 1085	nd that in (my) (100) opinian dea	th accurred on the date and h	, 19 \$5 , that (h	,
22b. SIGNATURE		DEGREE	MEDICAL STAFE	221 DATE SIGNED	f

b. SIONATURE	DEGREE	220 DATE SIGNED ,
John Maniety h	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8-31-81
APHYYGAN'S NAME OF STORY	22e ADORESS A	71/17

VONN II.	Mmilh 1	Centren	
BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMATORY	23d

LOCATION CITY OR TOWN

200 AUTOPSY?

NON

STATE

206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES [

Sep. 3.1985 Pine Grove Cemetery Mount Ai-Barton Funeral Home 250 DAIE REC'D. BY REGISTRAF Burial 24 FUNERAL DIRECTOR James H. Barton, Jr., Centreville, Md. 21617

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had a feet

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James H. Barton, Jr., Centreville, Md. 21617

DHMH - 16 60M 7/84 (VRA 15, 4)

Total Selection Selection - a'paua 1995 child Common and a mental and a common basines. the amplitude of the control of the

And the second section of the second second

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR James H. Barton, Jr., Centreville, Md. 21617

236 DATE

230 BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

26 HOUR

Home

IF UNDER 21 HRS

21617

NO [

STATE

STATE

Sep.10.1985 Chesterfield Cemetery Centreville, Barton Funeral Home 250 DATE REC'D. BY REGISTRARIZSD. REGISTRAR'S SIGNATURE

6. 1. 1. 1. 1. Sattle Cort , I mediately USE College Land Authority 217-1 - Ciles adams - albert who contracting the last

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NOOG		REGISTRAR	RST		LEXAMIN	IER'S C	ERTIFICATE	OF DEATH	REG NO.		
		CEASED NAME FIL	(5)	WIDDIE			EAST	OF	KNOWN D		YEAR 26 HOUR
ASE OR. URS EET,		Joes		Franc			ntwig		MATED		35
SECTION	3 SE)		5 DATE OF	BIRTH 23 YEAR	6. AGE (IN YE	ARS IF UN		MIN PRONOL	INCED	MONTH DAY	YEAR 2d HOU
ON SOUR		ale White		7 190		RS.		DEA	D S	ept. 2 19	
NECESSARY, PLEASE UNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS RRESTON STREET,	FO	RTHPLACE ISTATE OR REIGN COUNTRY)		OF WHAT CO		8. MARRI	ED NEVER MARE	HED .		R COUNTY OF DE	ATH
SIN		New Jersey		U.S.A.		WIDOW			een An		M
A SECTION	ID CI	TY OR TOWN OF DEATH			URSING HOM E STREET ADDRESS	E, OR OTH	ER INSTITUTION	12a USUAL OCC FOR MOST OF W	ORKING LIFE!	OR IN	OF BUSINESS
302 37		Millington .	At Ho					Machir	nist	Fabi	ricatio
E CENTO	USUA 13a. S	L RESIDENCE (IF IN NURSING I	HOME OR OTHER INSTITUTION		ITY OR TOWN	ON)	13d. INSIDE CITY HMITS?	13e STREET ADD	RESS	216	51
H ANDON			ieen Ann		Llingt	on	YES NO	Box 6 I	lime L	amding I	Rd.
MAZZEZ B	14. F/	THER'S NAME	MIDDLE		LAST		IS MOTHER'S MAID	EN NAME	WIDDLE	LAS	ī
# 285 X	1	Francas		I	Ventwi	5	Elizabe	eth			nver
WASSER I	16a V	VAS DECEASED EVER IN U.	S. ARMED FORCES	? 16b S	OCIAL SECURIT	Y NO.	17 INFORMANT		ADDRESS		no Dd
AND THE PARTY AN		No	No	16	54-09-	2949	Alberta	DelCiot	to Mi	Ilington	ing Rd.
130		18 CAUSE OF DEATH (En	ter anly one cause p	per line far (a),	(b), and (c).)	~		~			OXIMATE INTERVAL N ONSET AND DEATE
I IN SEC		PART I DEATH WAS C	AUSED BY: (EDIATE CAUSE (a).			a.	SCUL			5	you t
2 2 5 5 5 5				O, OR AS A C	ONSEQUENCE	PF (0 1 61	1-1	1	2	
A HANDER		Canditians, if any, y gave rise to imme			U	n.	whom our	rhuchre	Disea	se i	gro
NAME OF STREET	-	cause (a) stating the u		O, OR AS A C	ONSEQUENCE	OF				F0-6 F1	1
MAN AND AND AND AND AND AND AND AND AND A		lying cause last.	(c)								
ATIN ALINE		PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	D DEATH BUT NOT R	ELATED TO THE TERA	IINAL OISEASI	OR CONDITION GIVEN IN PA	IRI I o			
RECORDS, ID BE EXEC PENDING, MEDICAL O AS A BUI HEALTH AN	20										
	CERTIFICATION	190. DATE OF OPERATION	19b C	ONDITION FO	R WHICH OPER	ATION W	AS PERFORMED?			20 AU1	OPSY?
T SPECIAL SECTION OF THE SECTION OF	E									YES	O NO O
OF W	1 8	210 EXTERNAL CAUSE W		ME OF INJURY		21c HC	OW INJURY OCCURRI	D LENTER NATURE OF	NJURY IN ITEM 18 P	PART 1 OR PART 2)	
DIVISION OF VITAL SCERFICATE SHOU RITING THE WORD " RDED TO THE CHIEF RE SEARMANT OF PETER TO BUSE TO PRIOR TO BURIAL		UNDERLYING OR CONTRIBUTING CAUS		P.M.	TH DAY YEAR	`					
ASIO TISIO	MEDICAL	214 INJURY OCCURRED	21e P	LACE OF INJU	RY (ATHOME,		CATION		200		
ARRIT CARDE	2	WHILE NOT WHILE	E STRI	EET, FACTORY, FARA	A, ETC.]	S	TREET	CITY OR T	NWC	COUNTY	STATE
E-3842							y . Inspection				
EXAMNER: CERTIFICATE SULD BE FOR 1. DIRECTOR: H, WITH THE S MARYLAND,		22a. I certify that I taak	T	7		Autop				d in my apinian	
SECOND STATE OF THE SECOND SEC		death resulted from:	Natural causes	Accide	nt L.J. Su	icide 📖	, Hamicide .	Undetermined r	nanner,		1
CGR. WILL		ACTUAL A	KU	(.)	1		LILE (SPECIAY)			DATE 9 5	100
SHUN AND AND AND AND AND AND AND AND AND AN	4	SIGNATURE	411	MANUE !	1	M	D. Blenning	MEDICAL EXA	MINER	SIGNED	187
S S S S S S S S S S S S S S S S S S S	1	EXAMINER'S NAME	John 1	1 2	T Him		4				inger.
TO MEDICAL EX EXECUTE THE CO PAGE 4 SHOUL PAGE 4 SHOUL AFTER DEATH, V BALTIMORE, MA	1	(TYPE OR PRINT)	Ge ti Tu	010	1.1.0		ADDRESS				
	230 B	JRIAL, CREMATION, REMO	AL 736 DATE		NAME OF CE			23d LOCATION CITY OR TOWN		COUNTY	STATE
BP	74 F	Burial INERAL DIRECTOR	19-5-8	55 8	t. Den	nıs	Cemetery			Kent STRAR'S SIGNATUR	Md.
DHMH - 17		NAME	7 77	ADDRESS			SEDT.	40 GOC	AK 138. REGIS	SINAK S SIGNATUR	
(VR A15 ME (5)) 20M 4/82	r.e	llows Fune	ral Home	e Mill	<u>ington</u>	, Md	4-12-4	A 1900	they -	The wall-need	

									ARYLAND					
•	B	1-:	FOR STATE REGISTRAR		M	EDICAL EX			AND MENTA ERTIFICATI	14	1	2 6 REG. NO.	6 3 7	
28	1.020		CEASED NAM OR PRINT)		Morris	S Smit	h	υ	AST		20. DATE KNO OF ES DEATH MA	TI-	/26/8 ₂ 5	Zb. HOUR A
	PLEAL ECTO MR FILE HOU	3. SEX	ale	white	S. DATE OF BIRTH MONTH DAY 11/12/	YEAR	AGE (IN YEAR LAST BIRTHDAY	MONTHS		DER 24 HRS.	PRONOUNCED DE AD	9/26/	TH DAY YEAR	2d. HOUR A
8			THPLACE (SEIGN COUNTRY)		76. CITIZEN OF V				D NEVER M.	ARRIED A	9. BALTIMORE Quee	-	e Co.	MD.
	PAGE PAGE SE FILED	10 CI	rumpt	OF DEATH	II. NAME OF HO	way no	ar S	udle	rsvill	FOR	JAL OCCUPATION MOST OF WORKING	ON (TYPE OF WO	OR INDUST	JSINESS
21201	ANY DE AND 3 T RETAIN HOULD 8		L RESIDENCE	13b. COUN	TY	SIVE RESIDENCE BEI	R TOWN	N)	3d. INSIDE CITY LIMIT	S? 13e. STR	eet ADDRESS 4th St		21628	
WD.	ES 1, 2, 2, 3, 3, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4,	14_FA	THER'S NAM		ton Smi	ŁAS			Lilli				LAST	
BALTIMORE,	AFTER D IVE PAG IH FO IGES I			DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIA	2 118		Rosa 3		Al	DDRESS Ro	21661	, Md.
	24 HOURS AND TEM 18. GIVING WITH PERMIT. PAGI	7		DEATH (Enter on EATH WAS CAUSE		ne far (a), (b) a	nd (c).)	Int	und	In	juice)	APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
PRESTON ST.,	D WITHIN 2. ENCIL IN ITE AMINER IN ITE TRANSIT PE ENTAL HYGII REMOVAL.			ns, if any, which se to immediate	DUETO, C	etrate	DUENCE O	Wo	rend	sh	ull	1		
301 W.	UTE EX. EX. EX. OR		cause (a lying ca) stating the <u>under-</u> use last.	(c)	R AS A CONSE	OUE CE O	F				7		
CORDS,	ULD BE EXEC "PENDING" FF MEDICAL SED AS A BU HEALTH ANG CREMATION,	NOI		GNIFICANT CONDITIONS						IN PART 1 (a),				
VITAL RE	THE CHIEF THE CHIEF TO BE USED TO	CERTIFICATION		OPERATION			HICH OPERA		S PERFORMED?				20. AUTOPSY	? NO 🗆
DIVISION OF VITAL RECORDS,	SEOSES ~)V	UNDERLYING	NG CAUSE OF	DEATH P.	M. MONTH D	19		W INJURY OCCL	JRRED (ENTER	NATURE OF INJURY II	N ITEM 18 PART 1 C	DR PART 2)	
DIVIS	WRITING WARDED TO WARDED TO AGE 3 SHOR ATE DEPAI	WED	21d, INJURY WHILE AT WORK	NOT WHILE [OF INJURY CTORY, FARM, ETC.		21f. LOC STE	ATION REET		CITY OR TOWN		COUNTY	STATE
2	MINER: I FICATE, BE FORV CTOR: P THE ST		22a I cert death resul	ify that I took charged from: Natu	ge of the remains d	escribed abave	7	Autopsy	Hamicide	ctian 🗶 , Undet	Inquiry of		y apinian	,
	E THE CERT SHOULD SEATH WEN		ACTUAL SIGNATURE	Jolen	RA	wax	1	M.C	TITLE (SPECIF)		ICAL EXAMINE		ATE 9/27/	81
	TO MEDIC EXECUTE 1 PAGE 4 S TO FUNER AFTER DEA		EXAMINER'S (TYPE OR PR	И	hn R	Sm	Vith.		DDRESS	entre	ille,	Md	2161	7_
	BP	(5	JRIAL, CREMA PECIFY) Urial	TION, REMOVAL	9/29/85	23c. NA			apel Ce		CATION OR TOWN ROCK HE		COUNTY S	TATE
	DHMH - 17 (VR A15 ME (5)) 15M 7/76	7	MUL	lls W.	ellec	hester	town	, Md		oct '	7 1985	Julia D	avidson-Rand	ADC.
		- /								V 100 0				

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH

October 24, 1901

MARRIED NEVER MARRIED

17 INFORMANT

LAST

TODD

5. DATE OF BIRTH

WIDOWED

	IENES 5	2	6	6	3	3	
	REG	. NO.				10	
1	20 DATE OF DEATI	H MONTH	DAY	YEAR	2b H	OUR	77
	Septembe	er 4,	19	985	6:	35	P.
	& AGE (IN YEARS LAS	T BIRTHDAY)	IF UN	DER I YEAR	IF UN	DER 24	HR5
	83	YRS	MONI	HS DAYS	HOUR	S	MIN.
	9 BALTIMORE CIT	Y OR COUNT	Y OF	DEATH			
	Queen	Anne's					MD
i	120 USUAL OCCUP			NOUSTRY	OF BUS	INESS	OR

TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? Maryland 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Centreville

13h COUNTY

18 CAUSE OF DEATH (Enter only one cause per line tor

4 RACE

Franklin

Bertha

Nursing Center/Corsica 13d. INSIDE CITY LIMITS? QueenAnne's Queenstown

Jewell

166 SOCIAL SECURITY NO.

Rebecca

Whi te

R.D. 1. Box 89. NO X 15 MOTHER'S MAIDEN NAME Cora

Husband

Wife

Howard E. Todd, Queenstown, Md. 21658

20a AUTOPSY?

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOX

CITY OR TOWN

13e.STREET ADDRESS / ZIP CODE

MIDDLE Tolson Rebecca ADDRESS R.D. 1. Box 89

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

Home

21658

IMMEDIATE CAUSE (a Conditions, if any, which gave rise to immediate couse to), stating the underlying cause lost

190 DATE OF OPERATION

PART I. DEATH WAS CAUSED BY

REGISTRAR I DECEASED NAME

Female

TYPE OR PRINTS

13n STATE

Maryland

George

No

14 FATHER'S NAME

3 SEX

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21h. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION

NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from

DEGREE

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c DATE SIGNED

STATE

22d. PHYSICIAN'S NAME (TYPE OF PR Ralph E. Libby 77e ADDRESS

P.O. Box 459 Grasonville, Md. 21638

and that in (my) (purropinian death accurred on the date and have and from the causes stated

230 BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial

Sep. 9. 1985 WoodlawnMemorialPark

23¢ NAME OF CEMETERY OR CREMATORY

23d LOCATION

Raston

STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

Barton Funeral Home James H. Barton, Jr., Centreville, Md. 21617

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MEDICAL

Annual and the Legitary to the Legit The Lord will be larger to the larger The second of the second secon State 180 Xot 15 two accounts of distributions in the country of and a devel distant learned water that the mentached the fact the passe Rep. 9. 1215 cooling parter and recommended to the control of the Large H. Barton, In., Centroville, M. 21017 deoth o

2	83	105	5
	4 hours ofter death. Page 4 may be	ed by the funeral director page 3	South of Confession of Confess

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

5	2	6	5
			Address of the last

	1 -	FOR STATE REGISTRAR	DEPAI		LTH AND MENTAL HYG ATE OF DEATH	()	200) y
	I DEC	EASED NAME FIRST	MIDDLE	LAST	Α	REG. NO	MONTH DAY YEAR	26 HOUR
		ORPRINT)		1.1	11:	THE DATE OF DEATH	01	- 01
		Jan		WH	14100		1	
	3. SEX	1	4. RACE	5 DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	THDAY) IF UNDER 1 YE	
		Malo	15/1	8	28 05	80	YRS	
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? 8	4. 4	9 BALTIMORE CITY O	R COUNTY OF DEATH	
	C	OUNTRY)	110 11	WIDOWED (NEVER MARRIED X	01100	n A111	WE W
500	10 CT	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			12a USUAL OCCUPATION	ON 125 KIN	D OF BUSINESS OR
1	0	N	(IF NOT IN SUCH FACILITY, GIVE STR		01112111113111011011		F WORKING LIFE) INDUST	
V.	(a)	VASON VILLE	Melvin	ALLE		LUD GIV	rend	
		TATE - 1136 COUN	OTHER INSTITUTION GIVE RESIDENCE BET		d INSIDE CITY LIMITS?	13e STREET ADDRESS	7IP CODE	1001
		und &	14	//	res 🗍 NO 🗍	Melven	dite!	458
5	14 FA	THER'S NAME	, 6,		MOTHER'S MAIDEN NA			
7	4	. 771	MIDDLE	00	# 120 . O	MIDDLE	11/1/10	TAST ON 1
\leq	1	Ullam	MED FORCES? 16b SOCIAL SE	CURITY NO. 1	INFORMANT	ADDRE	CELLY NO	VIVIS
1			MED FORCES? 16b SOCIAL SE E WAR OR DATES)	CURITY NO. 11.	INFORMANI	ADDRE	.55	
		NO -	- 183.12	8155	Annic	2	avner	A
1		18 CAUSE OF DEATH (Enter on		ond ic	. 1	7	BETWE	ROXIMATE INTERVAL EN OMET AND DEATH
		PART I. DEATH WAS CAUSE	E CAUSE (o)	m 1110	Heart	aluro		the.
		MMEDIAI		The same	11			
9.1	-4	G. 490	DUE TO, OR AS A CONSEC	DUENCE OF				
11		Conditions, if any, which gove rise to immediate	(b)					
ы		couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEC	OUENCE OF				
Ш		oncertying coose lost	(c)					
	_ 1	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	O DEATH BUT NO	OT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN IN PART	110
63	CATION	abdom	wal la	ess				
7	PAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIN	
4	IFIC					YES NOW	IN CERTIFYING CAU	NO []
14	CERTIF	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	Ta	To HOW INJURY OCCURE	1 -		
4		OR CONTRIBUTING CAUSE OF DEA	MOUSE A ME MONTH	DAY YEAR		The state of the s		
1	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19				
1	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI		IF LOCATION STREET	CITY OR TO	WN COUNTY	STATE
	~	AT WORK AT WORK						,
	183	22a I certify that (I) (this bosper	ottended the deceased fro	m_ 3-1	9 19.84		19 01	, that (I) (we) lost
	1 1	you the deceased alive on		85 ond	that in (my) (ear) opinion of	death occurred on the do	ote and hour and Irom	the couses stoted
	10	27h SiGN TUBE	t) view the body after death.		GREE			ATE SIGNED
1		11-11		wi	ATTENDING .	MEDICAL STAF	FF Q	20 00
		- Driver	-	- 1		DIRECTOR PHYSIC	IAN	-06-0
		22d. PHYSICIAN & NAME AND	(Manual)	2	2e ADDRESS			
	R	alph E. Libby,	M.D.		P.O.Box 459	Grasonville	, Md. 2163	8
		URIAL, CREMATION, PENOVAL			ETERY OR CREMATORY	23d LOCATION		
		5111 M	2/22/05	Rul	15 Cm	ORTOWN	COUNTY OF A	STATE
	24 FI	INERAL DIRECTOR	12000	124	1 0	E REC'D. BY REGISTRAR	75h REGISTRADA SICH	JATURE
4		ATTACK .	() A STREET	CA.	. 1		~ ~ ~ ~ ~ (000)	
	/	Luck	was well	ce un l	m 00	T 8 1985	www.asor	- Nationer
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page with the Sixth Desir of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If nem 21 is morked or Item 18 shows any injury, or ather troumotic event, the

etoined by the hospital or ottending physician. OR ATTENDING PHYSICIAN The

TO HOSPITAL

BP.

